



California Department of Forestry and Fire Protection
Office of the State Fire Marshal



APPLICATION FOR PYROTECHNIC OPERATOR

INSTRUCTIONS:

1. Application must be completed in ink or typed. Illegible or incomplete applications will be returned. **Return completed application, any required documentation (see reverse) and appropriate fee.**
2. Fingerprints require 4 to 8 weeks to process. Fees listed below include at \$37.00 fingerprint processing charge.
3. After evaluation and processing, if eligible, you will receive written notification and must take the examination within 30 days from the date of your Notification Of Eligibility.

CHECK ONE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Special Effects 1st Class \$287.00 | <input type="checkbox"/> Basic Commercial \$162.00 | <input type="checkbox"/> Rocket 1st Class \$87.00 |
| <input type="checkbox"/> Special Effects 2nd Class \$237.00 | <input type="checkbox"/> Theatrical Trainee \$137.00 | <input type="checkbox"/> Rocket 2nd Class \$87.00 |
| <input type="checkbox"/> Special Effects 3rd Class \$137.00 | <input type="checkbox"/> Theatrical \$237.00 | <input type="checkbox"/> Rocket 3rd Class \$87.00 |
| <input type="checkbox"/> Restricted Commercial \$87.00 | <input type="checkbox"/> Performer \$162.00 | |

APPLICANTS NAME: _____

MAILING ADDRESS: _____

Street/P.O. Box

City/State/Zip

TELEPHONE: () _____ () _____ () _____
Home Work Pager

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: ____/____/____
City/State SSN

DESCRIPTION: HT: _____ WT: _____ HAIR: _____ EYES: _____

DISABILITIES: _____

PRESENT EMPLOYER: _____ HOW LONG? _____

ADDRESS: _____ TELEPHONE: () _____

RETURN TO:

CDF/STATE FIRE MARSHAL
ATTN; CASHIER/FIREWORKS PROGRAM
P.O. Box 997446
Sacramento, CA 95899-7446

DOCUMENTATION REQUIREMENTS

TRAINING/EXPERIENCE

1. Indicate all pyrotechnic related courses studied, duration and date completed.
Use additional sheets if necessary.
2. Describe all experience relating to the license classification applied for. Begin with most recent experience that you believe meets the requirements. **Use additional sheets if necessary.**
Please be specific.

NOTE:

Basic Commercial: Attach 8 Post Display Reports It is therefore imperative that you insure that your name is listed as an assistant on all Post-Display Reports for shows on which you have worked.

Special Effects (Upgrades): Submit a complete copy of your pyrotechnic log when upgrading. These logs must have name and license number of pyrotechnician in charge of each show.

Special Effects 1st Class and Theatrical License Upgrades also require an oral and practical interview.

TRAINING/EXPERIENCE: Please write legibly.

I certify under penalty of perjury that all statements, answers and representations made herein, including all supplementary statements attached hereto, are true and accurate.

Date: _____

Applicants Name (Print or Type): _____

Applicants Signature: _____